

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: YOUR ANGEL'S FERRY, INC.
BUSINESS STREET ADDRESS: 3084 HIATUS RD DAVIE ZIP 33330
BUSINESS MAILING ADDRESS: 3084 HIATUS RD DAVIE ZIP 33330
BUSINESS PHONE: (954) 6930099 - cell (305) 5226763
DESCRIBE TYPE OF BUSINESS: transportation - pick up children from
the school and taken home
BUSINESS IS: Corporation _____ Sole Proprietor X Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Martha Sablon</u>	<u>3084 Hiatus Rd</u>	<u>DAVIE 33330</u>	<u>6930099</u>

2. _____
Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Martha Sablon

Print Owner or Officers Name and Title

[Signature]

Signature of Owner or Officer

Office Use Only: Date <u>09/19/01</u> Category <u>02201</u>		Fee Exempt per Sec. 13-13 _____	
License # _____ Control # <u>13221</u>		Fee <u>110.25</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
Council approval Required <u>02-15790</u> Yes _____ No _____		Zoning <u>R-1</u> Date <u>10/25/01</u>	
Zoning Approval <u>[Signature]</u>		Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____		OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION